

L080000011457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

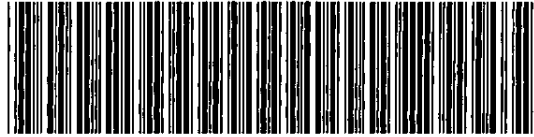
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400118898684

02/27/08--01024--013 \*\*55.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 27 PM 1:57

J. BRYAN

FEB 28 2008

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WEKIVA FALLS RV PARK AND REORT, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William H. Klein

(Name of Person)

William H. Klein, JDPC

(Firm/Company)

1866 E. High St.

(Address)

Pottstown, PA 19464

(City/State and Zip Code)

For further information concerning this matter, please call:

William H. Klein

(Name of Person)

at ( 610 ) 970-2880

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 27 PM 1:57

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:**        The name of the limited liability company is:  
WEKIVA FALLS RV PARK AND REORT, LLC

**SECOND:**      The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
WEKIVA FALLS RV PARK AND REORT, LLC WAS MISPELLED IN THE ORIGINAL ARTICLES OF ORGANIZATION.

THE CORRECT NAME IS WEKIVA FALLS RV PARK AND RESORT, LLC

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: FEBRUARY 20, 2008

*William H. Klein*

Signature of a member or authorized representative of a member

WILLIAM H. KLEIN, MEMBER

Typed or printed name of signee

Filing Fee:            \$25.00  
Certified Copy:      \$30.00 (optional)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 27 PM 1:57

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L08000011457  
FILED 8:00 AM  
January 31, 2008  
Sec. Of State  
thampton

**Article I**

The name of the Limited Liability Company is:  
WEKIVA FALLS RV PARK AND REORT, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1866 E. HIGH ST.  
POTTSTOWN, PA. 19464

The mailing address of the Limited Liability Company is:  
1866 E. HIGH ST.  
POTTSTOWN, PA. 19464

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
RANDALL N THORNTON ESQ.  
2031 NORTH C-470  
LAKE PANASOFFKEE, FL. 33538

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: RANDALL N. THORNTON

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 27 PM 1:57

## Article V

The name and address of managing members/managers are:

Title: MGRM  
GARY P OTT  
3110 HORSESHOE TRAIL  
GLENMOORE, PA. 19343

Signature of member or an authorized representative of a member

Signature: WILLIAM H. KLEIN

L08000011457  
FILED 8:00 AM  
January 31, 2008  
Sec. Of State  
thampton

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 27 PM 1:57